

# CLAIMS ONLY

Application Number

Filing Date

10/627721

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2			/			
3			/			
4				/		
5				/		
6				/		
7				/		
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47						
48						
49						
50						
Total Indep			2			
Total Depend			7			
Total Claims			9			